

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90201 026 ***150.00

DOCUMENT # P99000070072

1. Entity Name

A & A QUALITY FLOOR CLEANING, INC.

Principal Place of Business

4500 NW 36TH STREET
 LAUDERDALE LAKES FL 33319

Mailing Address

4500 NW 36TH STREET
 LAUDERDALE LAKES FL 33319-6403

2. Principal Place of Business

Suite, Apt. #, etc.
4500 NW 36 STREET # 213

City & State
LAUDERDALE LAKES, FL

Zip
33319

Country
BROWARD

3. Mailing Address

Suite, Apt. #, etc.
SAME AS LEFT BOX

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0938878

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNIVERSAL BUSINESS & ACCOUNTING, INC.
1995 W. COMMERCIAL BLVD.
SUITE C
FORT LAUDERDALE FL 33309

Name
NOFIL & NOFIL, PA

Street Address (P.O. Box Number is Not Acceptable)

3284 NORTH STATE ROAD 7
LAUDERDALE LAKES

City

FL 33319

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Mimi Nofil*

MIMI NOFIL

01-05-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DOUGLAS, ALDEL # 213 4500 NW 36TH STREET LAUDERDALE LAKES FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DOUGLAS, ANN MARIE # 213 4500 NW 36TH STREET LAUDERDALE LAKES FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9544845533

CR21034 (9/99)